



Jersey

**MENTAL HEALTH (MISCELLANEOUS
PROVISIONS AND PRESCRIBED FORMS)
(JERSEY) ORDER 2018**

Official Consolidated Version

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Showing the law from 23 February 2024 to Current



Jersey

MENTAL HEALTH (MISCELLANEOUS PROVISIONS AND PRESCRIBED FORMS) (JERSEY) ORDER 2018

Contents

Article

1	Interpretation	3
2	Authorized officers: training and experience requirements.....	3
3	Approved practitioners: evidence of training and experience requirements	4
4	SOADs: level of expertise required.....	5
5	Determination of age of patients	5
6	Prescribed forms.....	6
7	Citation	7

SCHEDULE **8**

PART 1	8
FORM OF CERTIFICATE OF AGE	8
PART 2	9
FORMS PRESCRIBED FOR THE PURPOSES OF THE LAW	9

ENDNOTES **62**

Table of Legislation History.....	62
Table of Endnote References.....	62



Jersey

MENTAL HEALTH (MISCELLANEOUS PROVISIONS AND PRESCRIBED FORMS) (JERSEY) ORDER 2018

THE MINISTER FOR HEALTH AND SOCIAL SERVICES, in pursuance of Articles 6, 10, 15, 16, 17, 18, 24, 27, 29, 38, 45 and 95 of the [Mental Health \(Jersey\) Law 2016](#), orders as follows –

Commencement [[see endnotes](#)]

1 Interpretation

In this Order –

“General Medical Council” means the body corporate of that name continued by section 1 of the Medical Act 1983 of the United Kingdom;

“Law” means the [Mental Health \(Jersey\) Law 2016](#);

“Royal College of General Practitioners” means the body corporate of that name established by Royal Charter and registered as a charity under the Charities Act 2011 of the United Kingdom;

“Royal College of Psychiatrists” means the body corporate of that name established by Royal Charter and registered as a charity under the Charities Act 2011 of the United Kingdom.

2 Authorized officers: training and experience requirements

- (1) A person authorized as an officer under Article 6(1) of the Law must be a person who –
 - (a) fulfils one of the training requirements in paragraph (2); and
 - (b) has the experience specified in paragraph (3).
- (2) The requirements mentioned in paragraph (1)(a) are that the person –
 - (a) is trained as an Approved Mental Health Professional within the meaning given by the Mental Health Act 1983 of the United Kingdom, and has completed the [Mental Health \(Jersey\) Law 2016](#) Introductory Training Programme;
 - (b) is trained as a Mental Health Officer within the meaning given by the Mental Health (Scotland) Act 2015 of the Scottish Parliament, and has completed the [Mental Health \(Jersey\) Law 2016](#) Introductory Training Programme; or
 - (c) has completed the [Mental Health \(Jersey\) Law 2016](#) Authorized Officer Training Programme.

- (3) The experience mentioned in paragraph (1)(b) is not less than 2 years' experience in such aspects of mental health legislation and practice as the Minister may consider appropriate.
- (4) The training programmes prescribed for the purposes of Article 6 of the Law are the training programmes known by the names mentioned in paragraph (2) and approved by the Minister for those purposes.

3 Approved practitioners: evidence of training and experience requirements¹

- (1) In order to satisfy the Minister, for the purposes of granting approval under Article 16 of the Law, that a registered medical practitioner has sufficient experience and training in the field of mental health and the operation of legislation relating to mental health, the registered medical practitioner must produce –
 - (a) evidence of holding a full registration with licence to practise from the General Medical Council; and
 - (b) evidence that he or she also fulfils one of the requirements in paragraph (2) or, where paragraph (3) applies, the requirement in paragraph (4).
- (2) The requirements mentioned in paragraph (1)(b) are that the registered medical practitioner –
 - (a) is a member or fellow of the Royal College of Psychiatrists and has attained approval to practise as an approved practitioner following completion of the [Mental Health \(Jersey\) Law 2016](#) Approved Practitioner Training Programme;
 - (b) is a member of the Royal College of General Practitioners appearing on the National Performers List with a minimum of 3 years' full-time experience including –
 - (i) substantial experience in the diagnosis or treatment of mental disorder, and
 - (ii) at least 4 months spent in a supervised psychiatric training post within a training programme recognized by the Royal College of Psychiatrists,and has attained approval to practise as an approved practitioner following completion of the [Mental Health \(Jersey\) Law 2016](#) Approved Practitioner Training Programme; or
 - (c) has –
 - (i) a minimum of 3 years' full-time experience in either a psychiatric training post or a non-consultant career grade post, including in each case substantial experience in the diagnosis or treatment of mental disorder, and
 - (ii) attained approval to practise as an approved practitioner following completion of the [Mental Health \(Jersey\) Law 2016](#) Approved Practitioner Training Programme.
- (3) This paragraph applies where the Minister intends to attach a condition to the approval, under Article 16(2) of the Law, that the registered medical practitioner may exercise the powers under the Law given to approved practitioners only to the extent of being qualified to be appointed as (and therefore having the authority to discharge the functions of) a medical member of the Mental Health Review Tribunal Panel under Article 47 of the Law.

- (4) The requirement mentioned in paragraph (1)(b) is that the registered medical practitioner –
- (a) has such degree of experience or training in mental health matters as would reasonably be expected to provide him or her with enough understanding of the medical issues likely to arise before the Mental Health Review Tribunal to be an effective medical member; and
 - (b) where approval under Article 16 of the Law is to be granted after the commencement of the Mental Health (Miscellaneous Provisions and Prescribed Forms) (Amendment No. 2) (Jersey) Order 2021, has completed the [Mental Health \(Jersey\) Law 2016](#) Approved Practitioner Training Programme.²

4 SOADs: level of expertise required

For the purposes of approval for carrying out the functions of a SOAD under Part 6 of the Law, a registered medical practitioner must also be –

- (a) a Member or Fellow of the Royal College of Psychiatrists; and
- (b) registered, on the register of the General Medical Council, as qualified to provide specialist services in the field of mental health.

5 Determination of age of patients

- (1) This Article applies where –
- (a) the date of birth of a patient is material for any of the purposes of the Law, the Capacity Law, or any enactment made under those Laws; but
 - (b) the patient’s exact age is not known or cannot be ascertained by reference to a Jersey register.
- (2) Where this Article applies –
- (a) the Minister must determine the patient’s age, in accordance with such information in respect of the patient’s age which the Minister is able to obtain –
 - (i) by reference to any birth certificate, passport or other document of identity issued in respect of the patient by an authority having power to do so under the laws in force in any country or territory, or
 - (ii) (failing such information, or upon such information being insufficient) by any other reasonable means; and
 - (b) the Minister must issue, to the persons listed in paragraph (4), a certificate in the form in Part 1 of the Schedule (a “certificate of age”), specifying the age and deemed date of birth of the patient as so determined.
- (3) The date of birth for the time being entered in a certificate of age is to be treated as the patient’s date of birth for the purposes of the Law, the Capacity Law and any enactment made under those Laws.
- (4) The persons mentioned in paragraph (2)(b) are –
- (a) if the age determined is 16 years or over, the patient;
 - (b) subject to consent being given by the patient, the patient’s nearest person; and
 - (c) in the case of a patient subject to guardianship, the guardian.

- (5) Where, subsequent to a determination under paragraph (2), the age of the patient is ascertained by reference to a Jersey register, the Minister must revoke the determination.
- (6) In any case other than that described in paragraph (4), where further evidence as to the age of the patient is produced to the Minister, the Minister may vary or revoke a determination under paragraph (2).
- (7) If the Minister varies or revokes a determination, the Minister must give notice of the variation or revocation to any person to whom a certificate of age, relating to that determination, has been issued.
- (8) In this Article –
 “Jersey register” means any book, certificate, entry, notice or register held at the Office of the Superintendent Registrar under the [Marriage and Civil Status \(Jersey\) Law 2001](#);
 “patient” includes a person lacking capacity, within the meaning of Part 1 of the Capacity Law, as to determination of his or her own age.

6 Prescribed forms³

Part 2 of the Schedule prescribes the forms of documents to be made, given or provided under the Law, as follows –

<i>Part and Article of the Law etc.</i>	<i>Form</i>	<i>Purpose for which form is prescribed</i>
Part 2		
Article 10(1) and (3)(a)	NPPT	Notice of nomination of nearest person by patient and consent of person nominated
Article 10(2) and (3)(a)	NPMIN	Notice of nomination of nearest person by Minister and consent of person nominated
Article 10(3)(b)	NPREV	Notice of revocation of nomination of nearest person by patient
Article 10(3)(b)	NPREVMIN	Notice of revocation of nomination of nearest person by Minister
Part 3		
Article 15	EA	Emergency admission
Article 17	NURSE	Detention by nurse
Articles 18, 19 and 20	AA	Application for admission
Articles 18 and 19	SMRA	Single medical recommendation
Articles 18 and 19	JMRA	Joint medical recommendations
Article 22(3) to (9)	22RNW	Report for renewal of treatment authorisation or refusal to renew treatment authorisation
Article 24	LEAVE	Notice of grant of leave of absence from approved establishment

Article 24(7)	LVREC	Notice of revocation of leave of absence and recall to approved establishment
Article 24(8)	LVSUS	Notice of suspension of leave of absence
Article 27	DIS	Notice of discharge of patient
Article 28	AWOLSPEC	Special provisions: return of patient absent without leave for more than 28 days but returning within six months
Part 4		
Article 29	AG	Application for guardianship
Article 29	SMRAAG	Single medical recommendation for guardianship
Article 29	JMRAAG	Joint medical recommendations for guardianship
Article 32 and Regulation 4 of the Mental Health (Guardianship) (Jersey) Regulations 2018	AGREG4	Transfer of patient into guardianship from approved establishment
Article 32 and Regulation 5 of the Mental Health (Guardianship) (Jersey) Regulations 2018	AGREG5	Transfer of patient to approved establishment from guardianship
Part 6		
Article 40	CONS+SOAD	Certificate of SOAD of patient's consent and for treatment to be given
Article 41	CONSCERT	Certificate of patient's consent to treatment
Article 41	SOADCERT	Certificate of SOAD for treatment to be given

7 Citation

This Order may be cited as the Mental Health (Miscellaneous Provisions and Prescribed Forms) (Jersey) Order 2018.

SCHEDULE⁴

PART 1

(Article 5)

FORM OF CERTIFICATE OF AGE

FORM OF CERTIFICATE OF AGE

For the purposes of the [Mental Health \(Jersey\) Law 2016](#) and any Order made thereunder the Minister for Health and Social Services has determined the date of birth of (name of patient) to be the day of (date).

Signed

Minister for Health and Social Services

PART 2

(Article 6)

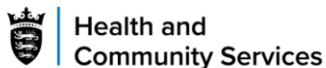
FORMS PRESCRIBED FOR THE PURPOSES OF THE LAW

Mental Health (Jersey) Law 2016**Article 10 (1) – Nomination of Nearest Person by the patient and****Article 10(3)(a) – Consent of person nominated**

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:
<p>I confirm that I nominate the below listed person to act as my nearest person.</p> <p><i>If you have more than one nearest person, please indicate which priority this person is to be contacted.</i></p>		
Signed (by patient):		Date:

Person nominated:		
Name:	Address:	Phone number/email:
<p>I confirm that I accept this nomination to act as this patient's nearest person.</p>		
Signed (by nominee):		Date:

This form is to be returned to the ward manager upon completion. A copy must be provided to the nominated person and the Minister for Health and Social Services.



Mental Health (Jersey) Law 2016

Article 10(2) - Notice of nomination of Nearest Person by the Minister for Health and Social Services and Article 10(3)(a) – Consent of person nominated

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

This patient's Nearest Relative:	
Cannot be identified.	<input type="checkbox"/>
Has confirmed in writing to the Minister that they are unable or unwilling to act as the patient's nearest relative.	<input type="checkbox"/>

This patient:	
Is under the age of 18.	<input type="checkbox"/>
or	
Lacks the necessary capacity to make such an arrangement.	<input type="checkbox"/>
A capacity assessment for this decision was completed by:	
Name:	
On (date):	

Person authorised to nominate a Nearest Person on behalf of the Minister:		
Name:	Professional role:	Phone number/email:
Signed (by authorised person):		Date:

Person nominated:		
Name:	Professional address:	Phone number/email:
I confirm that I accept this nomination to act as this patient's nearest person.		
Signed (by nominee):		Date:

Mental Health (Jersey) Law 2016**Article 10(3)(b) – Notice of revocation of nomination of nearest person by the Minister**

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Person nominated:		
Name:	Address:	Phone number/email:

Person authorised on behalf of the Minister to revoke nomination of a nearest person:		
Name:	Professional role:	Phone number/email:
I confirm that I revoke the Minister's nomination of the above person to act as the patient's nearest person.		
Signed (by authorised person):		Date:

This notice is to be returned to the ward manager upon completion. A copy must be given to the person nominated and the patient.

Mental Health (Jersey) Law 2016

Article 10(3)(b) – Notice of revocation of nomination of nearest person by the patient

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Person nominated:		
Name:	Address:	Phone number/email:

Patient's confirmation:	
I confirm that I revoke my nomination of the above person to act as my nearest person.	
Signed (by patient):	Date:

This notice is to be returned to the ward manager upon completion. A copy must be given to the person nominated and the Minister for Health and Social Services.

THIS FORM IS TO BE USED FOR AN EMERGENCY APPLICATION ONLYHealth and
Community ServicesGovernment of
JERSEY**Mental Health (Jersey) Law 2016**
Article 15 – Emergency admission

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Pre-conditions (Article 15(1))	
The patient has been brought to or presented themselves at an approved establishment; or	<input type="checkbox"/>
The patient has voluntarily been admitted to an approved establishment for treatment, without an admission application being made under Article 18 of the Law, but no longer consents to remain.	<input type="checkbox"/>
Examination:	
Date:	
Time (24 hour):	

I am an Approved Practitioner, and it appears to me that there is an urgent necessity for this patient to be admitted for assessment on the grounds that it is likely that the patient is suffering from a mental disorder and allowing the patient to remain at liberty would endanger their safety, or the safety of others (Article 15(2)).

My opinion is based on the following:

--

I confirm that I am of the opinion that an application for assessment or treatment authorization under Article 21 or 22 of the Law (including ensuring compliance with the general requirement contained in Article 18 of the Law) could not be made without undue delay (Article 15(3)).

My opinion is based on the following:

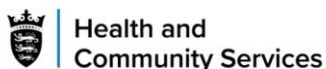
Approved Practitioner:			
Name:	Signed:	Date:	Time (24 hour):

*The following may be completed by a different **Approved Practitioner** if necessary:*

Outcome upon expiry of detention:	
--	--

The patient was admitted under Article 21	<input type="checkbox"/>
The patient was admitted under Article 22	<input type="checkbox"/>
The grounds for detention are no longer met	Time (24 hour):
72 hours have passed Please explain why a Mental Health Law assessment was not convened:	<input type="checkbox"/>
Name:	Signed:
	Date:

*This Law does not confer power to treat a person without consent.
This Authorisation and Opinion must be sent to the Minister for Health and Social Services
as soon as practicable.*



Mental Health (Jersey) Law 2016
Article 17 – Detention by nurse

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

I am a registered nurse, and it appears to me that this patient is suffering from a mental disorder and allowing the patient to be at liberty would endanger their safety, or the safety of others.

My opinion is based on the following grounds:

It is not practicable to secure the immediate attendance of an approved practitioner because:

Registered nurse:			
Name:	Signed:	Date:	Time (24 hour):

The following may be completed by a different **registered nurse** if necessary:

Outcome of detention:		
The patient was admitted under Article 21		<input type="checkbox"/>
The patient was admitted under Article 22		<input type="checkbox"/>
The patient was admitted under Article 15		<input type="checkbox"/>
The grounds for detention are no longer met		Time (24 hour): <input type="text"/>
An approved practitioner extended the detention by one hour		<input type="checkbox"/>
6 hours have passed. <i>Please explain why an approved practitioner did not attend to examine this patient:</i>		<input type="checkbox"/>
Name:	Signed:	Date:

EXTENSION BY AN APPROVED PRACTITIONER

The following is to be completed by the Approved Practitioner if the Article is extended.

<p>I attended during the final hour of the Article 17 detention by nurse and detained the patient for a further period of no longer than one hour beginning at the time of that attendance.</p>

Time of attendance:		Time (24 hour): <input type="text"/>
Outcome of extended detention:		
The patient was admitted under Article 21		<input type="checkbox"/>
The patient was admitted under Article 22		<input type="checkbox"/>
The patient was admitted under Article 15		<input type="checkbox"/>
The grounds for detention are no longer met		Time (24 hour): <input type="text"/>
One hour has passed <i>Please explain why a Mental Health Law assessment was not convened:</i>		<input type="checkbox"/>
Name:	Signed:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mental Health (Jersey) Law 2016
Article 18, 19 and 20 – Application for admission

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:
Home address:		

Grounds for admission:		
<p>This application for admission of the patient is made on the grounds that the patient appears to be suffering from mental disorder of a nature or degree which warrants the detention of the patient in an approved establishment:</p>		
Article 21 (assessment)	with or without treatment, for at least a limited period	<input type="checkbox"/>
Article 22 (treatment)	for treatment	<input type="checkbox"/>
<p>It is necessary in the interests of the patient's health or safety, or for the protection of other persons, that the patient should be so detained.</p>		

Medical recommendations:	
Name of first doctor:	
Name of second doctor:	
<p><i>If neither of the medical recommendations comes from an Approved Practitioner who has previous acquaintance with the patient, please explain why you could not get a recommendation from an Approved Practitioner who did have previous acquaintance with the patient:</i></p>	
<p>The practitioners have personally examined the patient either jointly or, if separately, at an interval of not more than 5 days.</p>	
<input type="checkbox"/>	

Nearest Relative:		
Name:	Phone number/email:	Relationship with the patient:
<p>Address:</p>		
<p>I have consulted with the patient's nearest person/relative & informed them of their rights</p>		<input type="checkbox"/>
<p>I have not consulted with the patient's nearest person/relative because consultation:</p> <ul style="list-style-type: none"> • was not reasonably practical (<i>please detail here</i>): N.B. reasonably practicable defined by the Code of Practice as achievable without undue difficulty 		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<ul style="list-style-type: none"> would have involved unreasonable delay (<i>please detail here</i>): <p>N.B. unreasonable delay defined by the Code of Practice as delay which would prevent an intervention taking place which needs to take place in the interests of the person's own health and/or safety and/or for the protection of others.</p> <p>Reasonable effort should be made to consult with the nearest person/relative following the application.</p>	
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Authorised Officer:	
Name:	
In the opinion of each of the practitioners making recommendations, the grounds for admission stated in Article 21(1) or 22(1) (as the case may be) are met.	
I last saw the patient within 7 days of this application on (date):	
Signature:	
Date:	
Time (24 hour):	

Record of admission:	
Approved establishment admitted to:	
Date of admission:	
Time of admission (24 hour):	
<input type="checkbox"/>	

I confirm that I have authority to receive these admission documents and that I have properly scrutinised them in accordance with the Manager's guidelines	
Acting on behalf of the Manager, I confirm that the admission application appears to have been duly made in accordance with Articles 18 and 19 and that the admission is within the period of 72 hours of the application.	
Name:	
Signature:	

This Form must be sent to the Minister for Health and Social Services as soon as practicable.

Mental Health (Jersey) Law 2016
Articles 18 & 19 – Single medical recommendation

Patient: <i>(label may be affixed)</i>	
Name:	DOB:
Home address:	

Grounds for admission:	
I examined the patient on (date):	
In my opinion the patient appears to be suffering from mental disorder of a nature or degree which warrants the detention of the patient in an approved establishment	
Article 21 (assessment)	with or without treatment, for at least a limited period <input type="checkbox"/>
Article 22 (treatment)	for treatment <input type="checkbox"/>
It is my opinion that it is necessary in the interests of the patient's health or safety, or for the protection of other persons, that the patient should be so detained.	

My reasons for these opinions are:

Your reasons should cover the above grounds. Describe the patient's symptoms and behaviour; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.

Doctor:	
Name:	
I am a registered medical practitioner:	<input type="checkbox"/>
I am an approved practitioner:	<input type="checkbox"/>
I have previous acquaintance with the patient:	<input type="checkbox"/>
In my opinion, the grounds for admission stated in Article 21(1) or 22(1) (as the case may be) are met.	
Signature:	
Date:	

Mental Health (Jersey) Law 2016
Articles 18 & 19 – Joint medical recommendations

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:
Home address:		

Grounds for admission:		
We examined the patient on (date):		
In our opinion the patient appears to be suffering from mental disorder of a nature or degree which warrants the detention of the patient in an approved establishment		
Article 21 (assessment)	with or without treatment, for at least a limited period	<input type="checkbox"/>
Article 22 (treatment)	for treatment	<input type="checkbox"/>
It is our opinion that it is necessary in the interests of the patient's health or safety, or for the protection of other persons, that the patient should be so detained.		

Our reasons for these opinions are:

Your reasons should cover the above grounds. Describe the patient's symptoms and behaviour; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.

Doctor one:	
Name:	
I am a registered medical practitioner:	<input type="checkbox"/>
I am an approved practitioner:	<input type="checkbox"/>
I have previous acquaintance with the patient:	<input type="checkbox"/>
In my opinion the grounds for admission stated in Article 21(1) or 22(1) (as the case may be) are met.	
Signature:	
Date:	

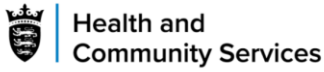
Doctor two:	
Name:	
I am a registered medical practitioner:	<input type="checkbox"/>
I am an approved practitioner:	<input type="checkbox"/>
I have previous acquaintance with the patient:	<input type="checkbox"/>
In my opinion, the grounds for admission stated in Article 21(1) or 22(1) (as the case may be) are met.	
Signature:	
Date:	

Mental Health (Jersey) Law 2016**Article 22(3)-(9) – Report for renewal of treatment authorisation or refusal to renew treatment authorisation**

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:
Home address:		

Date of Admission:	
Dates of any previous renewals:	

Grounds for renewal:
<p>It is my opinion, as the responsible medical officer, that it is necessary in the interests of the patient's health or safety, or for the protection of other persons, that the patient should continue to be liable to be detained and I recommend to the Minister the renewal of the treatment authorization.</p>
<p>My reasons for these opinions are: <i>Your reasons should cover the above grounds. Describe the patient's symptoms and behaviour; explain why the patient ought to continue to be admitted to hospital and why informal admission is not appropriate.</i></p>



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Responsible Medical Officer:	
Name:	
Date of examination:	
Length of renewal:	6 months <input type="checkbox"/> 12 months <input type="checkbox"/> (first renewal) (subsequent renewals)
Signed:	Date:

Mental Health (Jersey) Law 2016

Article 24 -Notice of grant of leave of absence from approved establishment

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Details of leave granted, to be managed at the discretion of the nurse in charge:	
Start date:	
End date:	End of Article date (indefinite leave): <input type="checkbox"/>
	or
	Specific date*: <input type="text"/>

Conditions of leave:
e.g. particular places to be visited, restrictions on time of the day leave to be taken, circumstances in which leave should not go ahead.

NOTE – conditions must be necessary in the interests of the patient’s health or safety or for the protection of other people.

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Patient's phone number	
Patient's address whilst on leave (if overnight)	

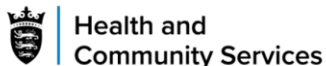
Signed (by patient):	Date:
<i>RMO – if this form is unsigned by the patient, please detail here the reason:</i>	

Nearest Relative/Person:		
Name:	Phone number/email:	Relationship with the patient:
I have provided the patient's nearest relative/person with details (in writing, where reasonably practicable) of the leave of absence granted and of any conditions (including treatment conditions) attaching to it		<input type="checkbox"/>
I have not provided details to the patient's nearest relative/person because:		<input type="checkbox"/>
<ul style="list-style-type: none"> The patient has capacity to do so and has generally refused to give consent to the disclosure to the nearest relative/person of details of grants of the leave of absence and their conditions. 		

<ul style="list-style-type: none"> • The patient has capacity to do so and has refused to give consent to the disclosure to the nearest relative/person of details of this particular grant of leave of absence. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • The patient lacks capacity to give or refuse consent to disclosure to the nearest relative/person of details of the grant of leave and its conditions and I consider that it is not in the patient's best interests to disclose such details. 	<input type="checkbox"/>
<ul style="list-style-type: none"> • I consider that disclosure of such details would be likely to cause serious harm to the patient or to any other person (<i>please detail here</i>): 	

Responsible Medical Officer (RMO) granting the leave:		
Name:	Signed:	Date:
In the absence of the RMO - tick if you are an Approved Practitioner who is acting as the patient's Responsible Medical Officer, or the on-call Approved Practitioner, if out of hours.		<input type="checkbox"/>

If it appears to the Responsible Medical Officer (RMO) that it is necessary to do so, in the interests of the patient's health or safety or for the protection of other persons, the RMO may revoke the leave of absence and recall you to the approved establishment. Written notice will be given of that decision to revoke and recall to you or the person who has custody of you during your leave of absence.



Mental Health (Jersey) Law 2016

Article 24(7) – Notice of revocation of leave of absence and recall to approved establishment

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

You are being recalled to an Approved Establishment because it is necessary in the interests of your health and safety, or for the protection of other people.

I believe it is necessary to recall you because:

I confirm that I have informed your nearest relative/person	<input type="checkbox"/>
---	--------------------------

Responsible Medical Officer:		
Name:	Signed:	Date:

A copy of this form must be given to the recalled patient, or to the person having custody of the patient, and to the Minister.

Mental Health (Jersey) Law 2016
Article 24(8) – Notice of suspension of leave of absence

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Your leave of absence from the Approved Establishment has been suspended for the following reasons:

A new leave form will be provided to you with details of any new leave of absence granted and any associated conditions, following this suspension.

I confirm that I have informed your nearest relative/person	<input type="checkbox"/>
---	--------------------------

Responsible Medical Officer:		
Name:	Signed:	Date:

A copy of this form must be given to the patient, or to the person having custody of the patient, and to the Minister.

Mental Health (Jersey) Law 2016
Article 27 – Notice of discharge of patient

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Details of discharge:		
Date of discharge:		
Time of discharge:		
Article discharged:	Article 21 <input type="checkbox"/>	Article 22 <input type="checkbox"/>
Outcome:	Patient validly consents to remain in hospital as a voluntary patient <input type="checkbox"/> Patient will leave / has left hospital <input type="checkbox"/> Manager plans to make an SRoL application <input type="checkbox"/>	

I confirm that I have provided a copy of this notice to the following:	
The patient	<input type="checkbox"/>
The patient's nearest relative/person	<input type="checkbox"/>
The Minister	<input type="checkbox"/>
The managers of the approved establishment	<input type="checkbox"/>

Responsible Medical Officer:		
Name:	Signed:	Date:

Mental Health (Jersey) Law 2016

Article 28 - Special provisions: return of patient absent without leave (if AWOL for more than 28 days but returns within six months)

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Between 28 days and 6 months after first day AWOL:	
Patient has been returned under Article 25 (return of patients absent without leave) or 31 (power of re-taking into custody); or	<input type="checkbox"/>
Patient has returned to the approved establishment; or	<input type="checkbox"/>
Patient has returned to the place where (under the terms of their guardianship) the patient ought to be.	<input type="checkbox"/>

Examination:	
Date of return:	
Article expiry date:	
Date of examination:	

Grounds for detention:	
Responsible Medical Officer name:	
Date consulted:	
I have consulted with the Responsible Medical Officer who is satisfied that the patient appears to be suffering from mental disorder of a nature or degree which	

warrants the detention of the patient in an approved establishment for treatment, or the reception of the patient into guardianship, and it is necessary, in the interests of the patient's health or safety, or for the protection of other persons that the patient should be so detained or received.

Describe the patient's symptoms and behaviour; explain why the patient ought to continue to be admitted to hospital and why informal admission is not appropriate.

Date of expiry of renewed detention:	Click or tap to enter a date.
I confirm that the nearest relative/person has been informed.	<input type="checkbox"/>

Approved Practitioner:		
Name:	Signed:	Date:

This form must be sent to the managers of the approved establishment and the Minister for Health and Social Services.

Mental Health (Jersey) Law 2016
Article 29 – Application for Guardianship

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:
Home address:		

Grounds for Guardianship:	
<p style="text-align: center;">This application for admission of the patient is made on the grounds that the patient appears to be suffering from mental disorder of a nature or degree which warrants the reception of the patient into guardianship and it is necessary in the interests of the patient's welfare, or for the protection of other persons, that the patient should be received into guardianship (Article 29(3)).</p>	
Length of Guardianship applied for:	
Six months (first or second application):	<input type="checkbox"/>
12 months:	<input type="checkbox"/>

Proposed Guardian: (Minister's delegate or private guardian details)		
Name:	Phone number/email:	Relationship with the patient:
Address:		

<p>I consent to act as the guardian of the above-named patient in accordance with the Law.</p>	
Signature:	Date:

Medical Recommendations:	
Doctor one name:	
Doctor two name:	
<p><i>If neither of the medical recommendations comes from an Approved Practitioner who has previous acquaintance with the patient, please explain why you could not get a recommendation from an Approved Practitioner who did have previous acquaintance with the patient:</i></p>	

Nearest Relative:		
Name:	Phone number/email:	Relationship with the patient:
Address:		
<p>I have consulted with the patient's nearest relative & informed them of their rights</p>		<input type="checkbox"/>

Mental Health (Jersey) Law 2016
Article 29 – Single medical recommendation for guardianship

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:
Home address:		

Grounds for Guardianship:
<p>In my opinion the patient appears to be suffering from mental disorder of a nature or degree which warrants the reception of the person into guardianship, and it is necessary for the patient to be received into guardianship in the interests of the patient's welfare and/or for the protection of other persons.</p>
<p>My reasons for these opinions are: <i>Your reasons should cover the above grounds. Describe the patient's symptoms and behaviour; explain why the explain why the patient cannot be cared for appropriately without the use of guardianship powers.</i></p>

Doctor:	
Name:	
I am a registered medical practitioner:	<input type="checkbox"/>
I am an approved practitioner:	<input type="checkbox"/>
I have previous acquaintance with the patient:	<input type="checkbox"/>
I last examined this patient on (date):	
In my opinion the grounds for admission stated in Article 29(3) are met.	
Signature:	
Date:	

Mental Health (Jersey) Law 2016
Article 29 – Joint medical recommendations for guardianship

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:
Home address:		

Grounds for Guardianship:	
We examined the patient on (date):	
<p>In our opinion the patient appears to be suffering from mental disorder of a nature or degree which warrants the reception of the person into guardianship, and it is necessary for the patient to be received into guardianship in the interests of the patient's welfare and/or for the protection of other persons.</p>	
<p>Our reasons for these opinions are: <i>Your reasons should cover the above grounds. Describe the patient's symptoms and behaviour; explain why the patient cannot be cared for appropriately without the use of guardianship powers.</i></p>	

Doctor one:	
Name:	
I am a registered medical practitioner:	<input type="checkbox"/>
I am an approved practitioner:	<input type="checkbox"/>
I have previous acquaintance with the patient:	<input type="checkbox"/>
In my opinion the grounds for admission stated in Article 29(3) are met.	
Signature:	
Date:	

Doctor two:	
Name:	
I am a registered medical practitioner:	<input type="checkbox"/>
I am an approved practitioner:	<input type="checkbox"/>
I have previous acquaintance with the patient:	<input type="checkbox"/>
In my opinion the grounds for admission stated in Article 29(3) are met.	
Signature:	
Date:	

Mental Health (Jersey) Law 2016**Regulation 4 – Transfer of a patient into guardianship from an approved establishment**

Patient: <i>(label may be affixed)</i>	
Name:	DOB:
	URN:
Home address:	

Approved Practitioner Recommendation:	
Name:	
I am a registered medical practitioner:	<input type="checkbox"/>
I am an approved practitioner:	<input type="checkbox"/>
I have previous acquaintance with the patient:	<input type="checkbox"/>
I last examined this patient on (date):	
<p>In my opinion the patient appears to be suffering from mental disorder of a nature or degree which warrants the reception of the person into guardianship, and it is necessary in the interests of the patient's welfare for the patient to be transferred from the approved establishment in which they are detained and received into guardianship.</p> <p>My reasons for these opinions are: <i>Your reasons should cover the above grounds. Describe the patient's symptoms and behaviour; explain why the patient cannot be cared for appropriately without the use of guardianship powers</i></p>	

Signature:
Date:

Guardian: (Minister's delegate or private guardian details)		
Name:	Phone number/email:	Relationship with the patient:
Address:		
I consent to act as the guardian of the above-named patient in accordance with the Law.		
Signature:		Date:

Nearest Relative/Person:		
Name:	Phone number/email:	Relationship with the patient:
Address:		

I have consulted with the patient's nearest relative/person & informed them of their rights	<input type="checkbox"/>
I have not consulted with the patient's nearest relative/person because consultation: <ul style="list-style-type: none"> • Would have involved unreasonable delay. <input type="checkbox"/> • Was not possible - information unknown & unobtainable. <input type="checkbox"/> • Was not possible – patient does not have a nearest relative/person. <input type="checkbox"/> • Was not reasonably practical (<i>please detail here</i>): <input type="checkbox"/> 	

Authorised Officer:	
Name:	
I last saw the patient within 7 days of this application on (date):	
Signature:	
Date:	
Time (24 hour):	

Mental Health (Jersey) Law 2016
Regulation 5 – Transfer of a patient to an approved establishment from guardianship

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:
Home address:		

Guardian: (Minister's delegate or private guardian details)	
Name:	Phone number/email:
Address:	

Nearest Relative/Person:		
Name:	Phone number/email:	Relationship with the patient:
Address:		
I have consulted with the patient's nearest relative/person & informed them of their rights		<input type="checkbox"/>

I have not consulted with the patient's nearest relative/person because consultation:	
<ul style="list-style-type: none"> • Would have involved unreasonable delay. • Was not possible - information unknown & unobtainable. • Was not possible – patient does not have a nearest relative/person. • Was not reasonably practical (<i>please detail here</i>): 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Responsible Medical Officer (RMO):	
RMO name:	
I have consulted with the patient's RMO on (date):	

Authorised Officer:	
Name:	
Professional address:	
Telephone number:	
I last saw the patient within 7 days of this application on (date):	
<p>In my opinion, the existing arrangements made for the patient under guardianship do not provide, or have ceased to provide, an environment that is conducive to the further assessment or treatment of the patient for the purposes of preventing a deterioration in the patient's mental illness and condition; or appropriate, having regard to the need for protection of other persons.</p>	
Signature:	

Date:	
Time (24 hour):	

Approved Establishment:	
Approved Establishment name:	
Ward Manager name:	
Phone number/email:	
I confirm that I consent to the transfer and that arrangements sufficient to enable the admission of the patient to the approved establishment within 14 days have been made.	
Signature:	
Date:	

Mental Health (Jersey) Law 2016

Article 40 – Treatment requiring both consent and a second opinion

Note – this Article applies in relation to any patient, whether or not liable to be detained under this Law.

Patient: (label may be affixed)		
Name:	DOB:	URN:

Consultee details:
Responsible Medical Officer
Name:
Authorised Officer or mental health professional who is or has been professionally concerned with the treatment of the patient
Name:

Treatment requiring the consent of the patient and the certificate of a SOAD:	
Brain tissue surgery	<input type="checkbox"/>
Hormonal implantation	<input type="checkbox"/>
ECT	<input type="checkbox"/>

Treatment details:
Treatment plan:

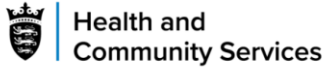
Nature, purpose and likely effects of the treatment:	
Patient's consent to treatment:	
<p>I confirm that I understand the nature, purpose and likely effects of the treatment and consent to receive it.</p> <p>I also confirm that I understand that I can withdraw my consent at any time, whether or not the treatment is completed.</p>	
Signed (by patient):	Date:

|

SOAD Certification:		
<p>I confirm that I am of the opinion, having consulted with the consultees listed above, that this patient is capable of understanding the nature, purpose and likely effects of the proposed treatment and has consented to receive it, and that it is appropriate for the treatment to be given to this patient.</p>		
Name:	Signed:	Date:

Certificate expiry:	
Date certificate will expire: <i>(six months maximum)</i>	

The SOAD giving this certificate must keep a record of it, including the date of its issue and provide a copy to the patient's Responsible Medical Officer.



Mental Health (Jersey) Law 2016
Article 41 – Certificate of patient’s consent to treatment

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Treatment prescribed:

Nearest Relative/Person:		
Name:	Phone number/email:	Relationship with the patient:
I have provided the patient's nearest relative/person with details (in writing, where reasonably practicable) of the plan of treatment and its contents		<input type="checkbox"/>

<p>I have not provided details to the patient's nearest relative/person because:</p> <ul style="list-style-type: none"> • The patient has capacity to do so and has generally refused to give consent to the disclosure to the nearest relative/person of details of plans of treatments and their contents. • The patient has capacity to do so and has refused to give consent to the disclosure to the nearest relative/person of details of this particular plan of treatment and its contents. • The patient lacks capacity to give or refuse consent to disclosure to the nearest relative/person of details of the plan of treatment and its contents and I consider that it is not in the patient's best interests to disclose such details. • I consider that disclosure of such details would be likely to cause serious harm to the patient or to any other person (<i>please detail here</i>): 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Responsible Medical Officer or Approved Practitioner:		
<p>I confirm that the patient understands the nature, purpose and likely effects of the treatment and has consented to receive it.</p>		
Name:	Signed:	Date:
Date certificate will expire: <i>(six months maximum)</i>		

Patient's consent to treatment:
<p>I confirm that I understand the nature, purpose and likely effects of the treatment and consent to receive it</p>

I also confirm that I understand that I can withdraw my consent at any time, whether or not the treatment is completed.	
Signed (by patient):	Date:

A new form must be completed if the treatment changes.

The approved practitioner giving this certificate must keep a record of it, including the date of its issue and provide a copy to the patient's Responsible Medical Officer.

Mental Health (Jersey) Law 2016
Article 41 – Second Opinion Approved Doctor (SOAD) Certificate

Patient: <i>(label may be affixed)</i>		
Name:	DOB:	URN:

Consultee details:
Responsible Medical Officer
Name:
Authorised Officer or mental health professional who is or has been professionally concerned with the treatment of the patient
Name:

Treatment details:
Treatment plan:
Reasons which support the approval of the specific treatments: <i>(Indicate whether disclosure of the reasons to the patient would be likely to cause serious harm to the patient's physical or mental health, or to that of any other person)</i>

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SOAD Certification:	
I certify that the patient:	
is not capable of understanding the nature, purpose and likely effects of the proposed treatment.	<input type="checkbox"/>
or	
is capable of understanding the nature, purpose and likely effects of the proposed treatment and has not consented to receive it.	<input type="checkbox"/>
<p>Having regard to the likelihood of the treatment alleviating or preventing a deterioration of the patient’s condition, I confirm that I am of the opinion, having consulted the consultees listed above, that the treatment should be given to the patient.</p>	

SOAD details:		
Name:	Signed:	Date:

Certificate expiry:	
Date certificate will expire: <i>(six months maximum)</i>	

The SOAD giving this certificate must keep a record of it, including the date of its issue and provide a copy to the patient’s Responsible Medical Officer.

ENDNOTES

Table of Legislation History

Legislation	Year and No	Commencement
Mental Health (Miscellaneous Provisions and Prescribed Forms) (Jersey) Order 2018	R&O.98/2018	1 October 2018
Mental Health (Miscellaneous Provisions and Prescribed Forms) (Amendment) (Jersey) Order 2019	R&O.57/2019	10 July 2019
Mental Health (Miscellaneous Provisions and Prescribed Forms) (Amendment No. 2) (Jersey) Order 2021	R&O.73/2021	1 June 2021
Mental Health (Miscellaneous Provisions and Prescribed Forms) (Amendment No. 3) (Jersey) Order 2024	R&O.6/2024	23 February 2024

Table of Endnote References

¹ Article 3	<i>substituted by R&O.57/2019</i>
² Article 3(4)	<i>substituted by R&O.73/2021</i>
³ Article 6	<i>text substituted by R&O.6/2024</i>
⁴ Schedule	<i>Part 2 forms substituted by R&O.6/2024</i>